

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

FILED

DEC 23 2019
DAVID CREWS, CLERK
BY [Signature] Deputy

Randy Dewayne Battles
Plaintiff

v.

Desoto County Mississippi /
Jail Medical Staff
Defendant

CASE NO.

3:19cv292-NBB-DAS

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

Randy Dewayne Battles

B. Name under which sentenced:

Randy Dewayne Battles

C. Inmate identification number:

038261

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

3091 Industrial dr west
Hernando, MS 38632

E. Place of confinement:

Desoto County, MS Jail

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

Desoto County / Desoto Count
Jail Staff

Title (Superintendent, Sheriff, etc.):

(Sheriff) Bill Roseoe (Director) Chad Wicker

Defendant's mailing address (street or post office box number, city, state, ZIP)

3091 Industrial dr. West
Hernando, MS 38632

Name: entire Medical staff
 Title (Superintendent, Sheriff, etc.): Medical Dept. (Desoto County Jail)
 Defendant's mailing address (street or post office box number, city, state, ZIP) 3091 Industrial Drive West
Hernando, MS 38632

Name: Desoto County Mississippi
 Title (Superintendent, Sheriff, etc.): Same
 Defendant's mailing address (street or post office box number, city, state, ZIP) 3091 Industrial Drive West
Hernando, MS 38632

Name: _____
 Title (Superintendent, Sheriff, etc.): _____
 Defendant's mailing address (street or post office box number, city, state, ZIP) _____

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): _____

Defendant(s): N/A

B. Court: _____

C. Docket No.: _____

D. Judge's Name: _____

E. Date suit filed: _____

F. Date decided: _____

G. Result (affirmed, reversed, etc.): _____

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

A. Does the grievance system place a limit on the time within which a grievance must be presented?

☐

Yes

☒

No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☐

Yes

☐

No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

On the 12th of November I was admitted into the Hospital Desoto Baptist Hospital in Desoto County Mississippi. I Declared a Mental Health Emergency due to psychotic episode and needing Mental Health Treatment; due to declaring this Mental State of Mind I was Tazered by OFFICER BROCK And Thrown to the ground off of a hospital Bed, Security From the hospital then came with a Nurse throwing Me Around Naked and I was not Non Compliant.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Grievance was closed without Response / No Response given per Chad Wicker. Appeal was made on subject

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

grievance procedure was exhausted with No Responses

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

The Hospital was negligent in providing Mental Health Specialist knowing my Mental Health History. OFFICER BROCK USED FORCE AND TAZED ME WHEN IN A MENTAL PSYCHOTIC EPISODE. I should have been Restrained and further Protocol Administered. I was given a charge Also for Disorderly conduct (why) I was brought to the jail and placed in a holding cell with knowledge of my Mental health state and being claustrophobic. I was not treated for my leg which has a big hole in it that has MRSA in it. My Medications were not Administered for A week which has caused me more stress and loss of Mental Capacity. The Jail has deliberately been using Deliberate indifference to me using Cruel and unusual punishment with my PTSD and Schizophrenia has caused Major Issues

and caused more damage to my Mental Capacity, pain & suffering, loss of Medications still to No Avail to help my mental stability

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I want to be compensated for my Mental Anguish, pain and suffering for myself and my family, compensated for the PTSD I am severely suffering due to deliberate Indifference actions Using more force than used necessary The charge that was given to Me for it to be dismissed and the people involved to be Relieved of their duty as officers to protect and serve and Immediate Restraining orders against these people, to not be placed in confinement due to Mental issue and away from harm and 20 million dollars for Mental Anguish PTSD, Pain & Suffering, Pain and Suffering for my family, loss of Mental Capacity etc.

This Complaint was executed at (location):

Desoto County Jail

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date:

11/18/19



Plaintiff's Signature

In writing my letter I had help
writing it

I have a extensive history of Mental
Illness that is known to the officers
and the hospital and to the staff of the
Jail

I was denied for my filing to be notarized
and threatened my filings to come up
missing I ask you please to hear
my case in court and you will
see the negligent behavior and
immoral behavior given to me
there is so much unjustified
treatment.

I have a total of
hospitals state treatment facilities
Doctors' nurses and people
for References since I was
a child my family even works
in this facility and will vouch for
my inhumane treatment

Randy D Battles

Clerk of The UNITED STATES DISTRICT
COURT....

Enclosed ARE THE Documents NEEDED
TO FILE (IN FORMA PAUPERIS) HOWEVER
THERE WAS A (MEMORANDUM)
THAT WAS TO BE ENCLOSED UPON
RETURN OF THIS (IFP) FORM..
I DO APOLOGIZE FOR ITS ABSENCE
IN THE ENCLOSED PACKAGED
LIST.. I AM HAVING SOME
~~DIFFICULTIES IN~~ MY FILINGS
WITH THIS INSTITUTION AND
ITS BELIEFS OF MY FILINGS
THE COMPLAINT WAS ALREADY FILED
PENDING THIS (IFP) FORM...
Im Sorry (Randy Battles)

Re: nancy Dewayne Battles
#C 388261
3091 Industrial Dr West
Hernando, MS 38632

20 NOV 2019 PM 2 L

MEMPHIS TN 380



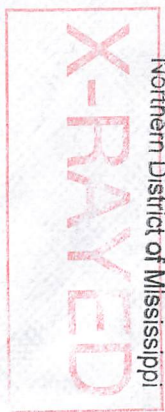
UNITED STATES District Court
Northern Mississippi District
Office of the clerk

RECEIVED

NOV 22 2019

United States District Court
Northern District of Mississippi

203 ~~Gilmore~~ Drive
Amory, MS 38821



LEGAL MAIL

3882614276-0002

LEGAL MAIL

Randy Dwayne Bottles #038261
~~3425~~
~~1006~~ STRIAL Drive. WEST
Bernardo MS 38632

EX-114-X

United States District Court
Northern District of Mississippi

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AMORY MS 38821

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